

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000058565

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: OBSESSIONS STYLING STUDIO INC

## Current Principal Place of Business:

3225 SOUTHSIDE BLVD  
#4  
JACKSONVILLE, FL 32216

## Current Mailing Address:

3225 SOUTHSIDE BLVD  
4  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

10095 BEACH BOULEVARD  
550  
JACKSONVILLE, FL 32246

## New Mailing Address:

P.O BOX 16492  
JACKSONVILLE, FL 32245

FEI Number: 26-0187941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHELTON, ANGELINA  
8539 GATE PKWY WEST #1736  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHELTON, ANGELINA  
Address: 8539 GATE PKWY W #1736  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VP ( ) Delete  
Name: SHELTON, TEON F  
Address: 8539 GATE PKWY W #1736  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELINA SHELTON

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date